



**Massachusetts Department of Public Health  
Hearing Aid Program for Infants and Children  
250 Washington Street, 5<sup>th</sup> floor  
Boston, MA 02108-4619  
1-800-882-1435**

Financial Guidelines: Effective March 2012 and subject to change according to the availability of funds.

<b>Family Size*</b>	<b>Maximum Adjusted Gross Income**</b>
<b>1</b>	<b>\$ 33,510</b>
<b>2</b>	<b>\$ 45,390</b>
<b>3</b>	<b>\$ 57,270</b>
<b>4</b>	<b>\$ 69,150</b>
<b>5</b>	<b>\$ 81,030</b>
<b>6</b>	<b>\$ 92,910</b>
<b>7</b>	<b>\$ 104,790</b>
<b>8</b>	<b>\$ 116,670</b>

- **Family size:** The applicant child, parent(s), guardian(s), dependent siblings, and other dependents.
- **Adjusted gross income:** Total annual family income before taxes, less allowable medical expenses and other deductions (see instructions on application form).
- **Assistance is available for children from birth - 21<sup>st</sup> birthday.**
- **All available sources of funding for hearing aids (including health insurance) must be used prior to billing the Hearing Aid Program for Infants and Children.**